



IPS young adults in Norway

Implementation of IPS services targeted towards young adults, with main purpose education

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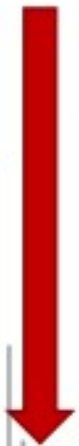




If NAV was a country.....

NAV ville vært et land

#22



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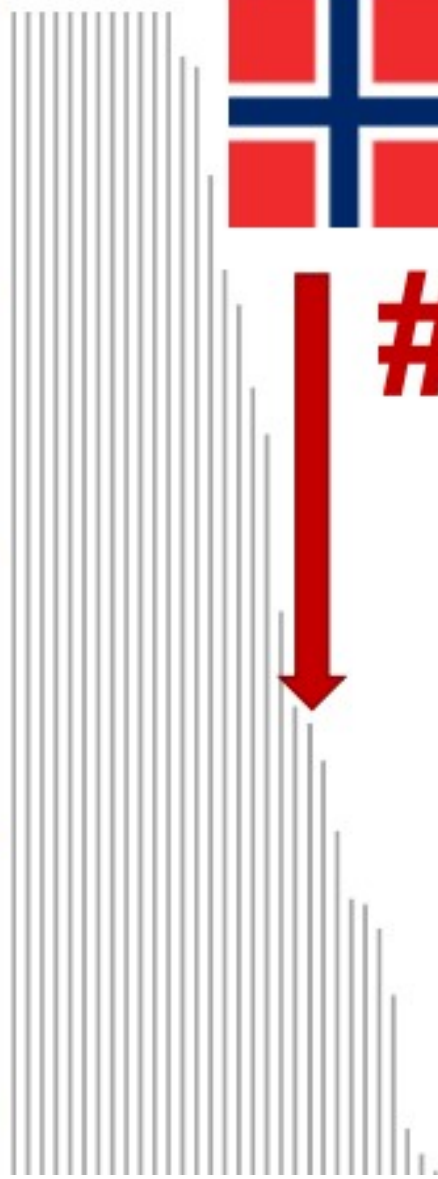


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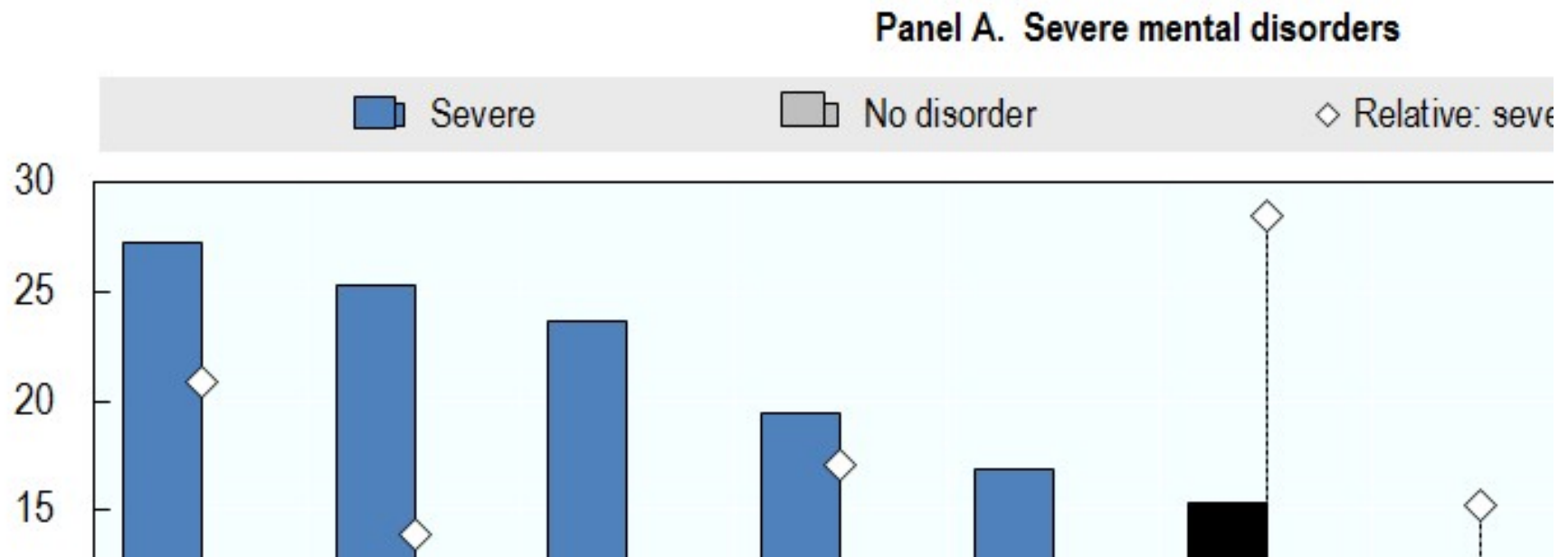
3 000 000
2 500 000
2 000 000
1 500 000
1 000 000



Expenditures through the national budgets in all countries worldwide

No other country is as mentally ill as Norway

Figure 1.1. **Norway has the highest mental health-related unemployment rates**
Unemployment rates by mental-health status (percentages; left axis) and relative unemployment without such a disorder; right axis) in the late 2010s



IPS for young adults - project

- 7M EUR over the state budget yearly from 2021
- Official start October 2021.

Target group:

- Age group 16-30
- complex mental health issues or substance use challenges, receiving treatment within the healthcare system
- Focus on education and training

-Established new or reinforced existing teams
-total of 45 IPS services offering IPS for young adults in this project

-Established collaboration with hospitals, county or municipal units for child and youth psychiatry.

-113 employment specialists recruited and team leaders first half of 2021.

Region	IPS young adult sites	IPS specialists / supervisors
Agder	2	9
Innlandet	4	10
Møre og Romsdal	3	5
Nordland	7	9
Oslo	5	20
Rogaland	2	5
Troms og Finnmark	3	8
Trøndelag	2	12
Vestfold og Telemark	1	4
Vestland	9	15
Vest-Viken	2	5
Øst-Viken	5	12
Totalt	45	113

Self reported data

About 1200 participants at all time (increasing)

30 % have the main goal of starting or completing education or training

21 % education

30 % work

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IPS-young

Norwegian experiences from a nationwide implementation

Project leader Ira Malmberg-Heimonen, Professor

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Introduction

- OsloMet is evaluating IPS-young in Norway, 2022-2023
- Funded by the Norwegian Labour and Welfare Administration
- National report in november 2023, international publications from 2024

The evaluation

- A) Participation in employment, education or other activities.
Participant experiences
- B) Education as a new collaborator, collaboration with schools/education and health services
- C) Fidelity in using IPS-Y, associations between fidelity and outcomes.



Data

Type	Who	N	Time
Interviews	staff, leaders and collaborators	22	May-June 2022
Questionnaire	IPS-Y staff	89	Januar-april 2023
Fidelity-assessments, IPS-Y	IPS-Y services	52	2022-2023
Observations of fidelity-assessments	IPS-Y services	2	April-May 2022
Questionnaire	Participants	98	March-May 2023
Interviews	Participants	11	May-June 2023
Administrative data	Participants	1320	2021-2023
Reporting from services to the Directorate	IPS-Y services	49	2022-2023

Who are the participants?

1320 young people
have participated in 49
IPS-Y services.

21,5% under 20 years,
46,5% between 20-23
years
32% are 24 or older

17,7% immigrants

Elementary school
(23%)
high school (62%)
higher education (8%),
unknown (7%)

65% have plans of
more education, 35%
do not have plans

Gender: 59% female,
35% men, 5% other

Who are the participants?

- Compared to national statistics on young people, they experience;
- **Low social support** (Oslo Social support scale): 11% of young people nationwide have two or fewer friends, 49,5% our respondents have two or fewer friends.
- **Poor general health:** 87% of young people nationwide report good or very good health; 16 % of our respondents
- **Poor mental health** (HSCL): 32% of young people nationwide experience sleeping disorders, 58% among our respondents do it.



Views on participating in IPS-Y

- 5% very dissatisfied, 2% dissatisfied, 10% neither nor, 39% satisfied, 43% very satisfied
 - *«My job specialist has helped me structure my everyday life, both at school and during my free time. When we met, I got the opportunity to ventilate and talk about things that have happened at school and elsewhere. I feel that he cared and saw me. I wish we had more time during a week, and that I didn't have to switch job specialist when I turn 25»*
 - *"I greatly appreciate both job specialists that I received assistance from during the time I was in the IPS system. I felt both seen and heard, and got to try out various jobs. The job I have now, I obtained with the help of my first job specialist, and I can see myself doing this job for a long time.»*
- Some critical comments from participants: low benefit levels, better collaboration between the program and health services and that job specialists need to have more knowledge of mental health problems.

Education, employment, or other activities?

Activity	Number of responses	Percentage of responses
School or education	31	28,2
Apprenticeship	2	1,8
Employed (open labor market)	24	21,8
Work practice	6	5,5
Employed with wage subsidy	12	10,9
Course through the welfare office	9	8,2
Sick leave	5	4,5
Without activity	13	11,8
Something else	8	7,3
Total	110	100

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Fidelity-assessments

- 52 evaluations using IPS-Y between 14 March 2022 and 26 June 2023.
- 20 have been conducted as external evaluations, 22 as self-evaluations with support and 10 as self-evaluations.
- In fall 2022 a change from external evaluations to self-evaluations:
 - Reduce costs and use of time (travel, time-consuming large reports)
 - Improve learning and engagement within IPS-young services

Distribution of fidelity

Employment

	No. assessments
Not implemented (<75)	1
Implemented (75-99)	32
Good fidelity (100-114)	19
Very good fidelity (115-125)	0
Total	52

Education

	No. assessments
Low fidelity (<30)	5
Satisfactorily fidelity (30-39)	15
Good fidelity (40-45)	12
Very good fidelity (46-50)	2
Total	34

Fidelityscores by assessment type

Fidelity scale	All	External evaluations	Self-evaluation with support	Self-evaluation
IPS-Y, employment (25-125)	93.4	87.2***	97.0	98.1
IPS-Y education (10-50)	36.2	34.4	38.8	33.0

To sum up:

- Majority of participants satisfied with the programme (82%)
- Low social support, poor general health and poor mental health
- 28% in education, 21% in employment, 40% other activity and 11% no activity
- Most services have a satisfactory or good fidelity
- External fidelity assessments yielded lower scores compared to self-evaluations.

